

LEON COUNTY, FLORIDA TRAVEL REQUEST FORM

Attachment # 1

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Traveler's Name: Jane G. Sauls Traveler's Title: District II County Commissioner

Department Name: BOCC

Division Name: _____

Destination: Panama City Beach, FL

Purpose of Trip: 2003 Community Conference by T Greater Tallahassee Chamber of Commerce

Departure Date: 11-Jul-03 Time: 8:00 a.m.

Return Date: 13-Jul-03 Time: 3:00 p.m.

ITEM	ESTIMATED EXPENSES
Lodging	515
Meal Allowance for Meals NOT Included in Registration Fee (attach agenda):	
Breakfast \$3	3
Lunch \$6	12
Dinner \$12	12
Per Diem in Lieu of Actual Expense(s) for Meals and Lodging at \$12.50 Per Quarter of each Day	\$
Common Carrier (e.g, Air, Plane, Bus)	\$
Rental Car - rental fee	\$
Fuel for Rental or County Owned Vehicle	\$
Use of Personal Vehicle:	
No. of miles per official DOT mileage map (attach documentation if calculated by other than DOT map)	240
Travel miles times \$.29 per mile	69.6
Est. # of Vicinity Miles: (Allowable for official business, but must be requested separately)	
Vicinity miles times \$.29 per mile	\$
Registration	250
Miscellaneous Expenses:	
Limousine/Taxi Fares	\$
Public Transportation	\$
Parking	\$
Communications -- (only calls/faxes for county related business may be reimbursed)	\$
Other Miscellaneous Allowed by Policy	\$
TOTAL ESTIMATED EXPENSES	861.6

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Account Number(s) to be Charged for Trip:

Account Number:	Amount:
100-102-54000-511	861.6

If a check is requested for an advance or prepayment, complete the following section. (NOTE: The

Purchasing Card may also be used for this purpose in lieu of requesting checks.)

Amount	Account Number	Vendor Number	Payable To: Name:	Address:	Check One:	
					Mail	Pickup

APPROVAL SIGNATURES

Traveler:

Jane D. Saule

Date: 6-16-03

Supervisor/Division Director:

Date:

Department Director:

Date:

County Administrator:

Date: